P#™T B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

nstructions. Ins in ppropriate. All further or indicated unless corrected naintenance fee notification.	ons.		No	te: A certificate of	mailing can only be used for	or domestic mailings of the
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
9629 7 MORGAN LEW 1111 PENNSYLV WASHINGTON,	VIS & BOCKIUS /ANIA AVENUE			Cer	tificate of Mailing or Trans is Fee(s) Transmittal is bein vith sufficient postage for fir Stop ISSUE FEE address TO (571) 273-2885, on the c	emission
						(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	t	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/512,138 ITLE OF INVENTION: I	06/14/2005 PROCESS FOR PREP.	ARING OLIGONUCLE	David John Moody OTIDES		056258-5078	6844
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	хэлжиох \$15	10.00 \$300	\$0	X X N/XQX	12/11/2008
EXAMIN	EXAMINER		CLASS-SUBCLASS	\$1810,00		
ASINOVSKY, OLGA		1796	525-118000			
FR 1.563). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
			THE PATENT (print or ty		ee is identified below the d	locument has been tiled for
		pletion of this form is NO			ee is identified below, the d	
(A)NAME OF ASSIGN Vecia Biotech			(B) RESIDENCE: (CITY and STATE OR COUNTRY) Milford, Massachusetts 01757			
		categories (will not be pr	ŕ		prporation or other private gro	oup entity 🏻 Government
a. The following fee(s) are submitted: \(\tilde{\tilde			 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0310 (enclose an extra copy of this form). 			
Change in Entity Status a. Applicant claims S	SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no lor	ger claiming SMAI	L ENTITY status. See 37 C	FR 1.27(g)(2).
OTE: The Issue Fee and I terest as shown by the rec	Publication Fee (if requered of the United States	nired) will not be accepted les Patent and Trademark	d from anyone other than Office.	he applicant; a regi	stered attorney or agent; or th	he assignee or other party in
Authorized Signature	Or	711		Date _Dece	mber 9, 2008	MATTER A STANSON CONTRACTOR OF THE STANSON C
Typed or printed name _	Paul N. Ko	kulis	Registration No. 16,773			
omitting the completed a	ipplication form to the	USPIO. Time will vary	depending upon the indi-	nduai case. Any co	ne public which is to file (and ninutes to complete, includin mments on the amount of fir Frademark Office, U.S. Dept . SEND TO: Commissioner	ne vou require to complete

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.